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Award Number: W81XWH-04-1-0026

TITLE: Increasing Early Detection of Prostate Cancer in African American Men Through a Culturally Targeted Print Intervention

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REPORT DATE: March 2005

TYPE OF REPORT: Annual

PREPARED FOR: U.S. Army Medical Research and Materiel Command
Fort Detrick, Maryland 21702-5012

DISTRIBUTION STATEMENT: Approved for Public Release;
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20050715 066

REPORT DOCUMENTATION PAGEForm Approved
OMB No. 074-0188

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0188), Washington, DC 20503

1. AGENCY USE ONLY (Leave blank)		2. REPORT DATE March 2005	3. REPORT TYPE AND DATES COVERED Annual (1 Mar 04 - 28 Feb 05)	
4. TITLE AND SUBTITLE Increasing Early Detection of Prostate Cancer in African American Men Through a Culturally Targeted Print Intervention			5. FUNDING NUMBERS W81XWH-04-1-0026	
6. AUTHOR(S) Hayley Thompson, Ph.D. Simon Hall, M.D. Heiddis Valdimarsdottir, Ph.D.				
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) Mount Sinai School of Medicine New York, New York 10029-6574 E-Mail: Hayley.thompson@mssm.edu			8. PERFORMING ORGANIZATION REPORT NUMBER	
9. SPONSORING / MONITORING AGENCY NAME(S) AND ADDRESS(ES) U.S. Army Medical Research and Materiel Command Fort Detrick, Maryland 21702-5012			10. SPONSORING / MONITORING AGENCY REPORT NUMBER	
11. SUPPLEMENTARY NOTES				
12a. DISTRIBUTION / AVAILABILITY STATEMENT Approved for Public Release; Distribution Unlimited				12b. DISTRIBUTION CODE
13. ABSTRACT (Maximum 200 Words) Prostate cancer (PCa) incidence and mortality is higher among African American (AA) men compared to all other groups. There is compelling evidence that higher mortality is due to the greater likelihood of AA men to be diagnosed with advanced-stage PCa. PCa screening, specifically prostate-specific antigen test (PSA) and digital rectal exam (DRE), has been shown to increase early-stage diagnoses. Although several organizations recommend annual PCa screening starting at age 45 for AA men, screening among AA men is low. Indeed, interventions to increase screening and the early detection of PCa among AA men are critical. Although culturally targeted health interventions have been found to be effective there are no interventions that have systematically addressed culturally relevant factors in PCa screening among AA men. The primary aim of the proposed study is to develop and evaluate the impact of a culturally targeted (CT) print intervention on PCa screening participation among AA 410 men through a randomized controlled trial. The proposed research also seeks to investigate the mediational pathways (i.e., mechanisms) through which the culturally targeted print intervention impacts screening participation. This study is currently awaiting DoD IRB approval, therefore there are no significant findings to report.				
14. SUBJECT TERMS Prostate cancer, African-American men, print intervention, education				15. NUMBER OF PAGES 45
				16. PRICE CODE
17. SECURITY CLASSIFICATION OF REPORT Unclassified	18. SECURITY CLASSIFICATION OF THIS PAGE Unclassified	19. SECURITY CLASSIFICATION OF ABSTRACT Unclassified	20. LIMITATION OF ABSTRACT Unlimited	

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INTRODUCTION

Prostate cancer (PCa) incidence and mortality is higher among African American (AA) men compared to all other groups. There is evidence that higher mortality is due to the greater likelihood of AA men to be diagnosed with advanced-stage PCa. PCa screening - prostate-specific antigen test (PSA) and digital rectal exam (DRE) - has been shown to increase early-stage diagnoses. Although several organizations recommend annual screening starting at age 45 for AA men, screening among AA men is low. Therefore, interventions to increase PCa screening among AA men are critical. There are relatively few PCa screening interventions that focus on AA men and these have resulted in only modest increases in screening. One explanation may be that none have systematically addressed culturally relevant factors in PCa screening, even though culturally targeted (CT) health interventions are reported to be more effective than generic interventions. Therefore, it is important to investigate whether a CT intervention is more effective in increasing PCa screening than a generic intervention, and to identify factors that mediate the intervention's impact on screening (e.g., screening intention, attitudes, group norms regarding screening, behavioral control over screening participation, screening knowledge, and perceived PCa risk). A CT intervention is expected to result in changes in these mediators, as well as address culturally salient factors related to PCa screening: medical mistrust, spiritual faith, and ties to one's family (collectivism). These culturally salient factors also represent personal characteristics that may determine a man's response to a PCa screening intervention.

BODY

Within statement of work for months one through twelve there were significant accomplishments. The accomplishments associated with the study start-up period was the hiring and training of a research project coordinator Stacy Davis, MPH. We also began design and preparation of a data entry and participant tracking systems. The achievements associated with the intervention newsletter development were collaborations with Drs. Hall, Valdimarsdottir, and consultants to develop content for intervention newsletters and refine assessment strategies; however we cannot this task until DoD IRB approval. Men have not been recruited to participate in our focus groups nor have any focus groups been conducted within the confines of the protocol due to lack of DoD IRB approval of this protocol.

KEY RESEARCH ACCOMPLISHMENTS

There are no key research accomplishments as of yet for this study do to we are waiting for DoD IRB approval to begin the recruitment and enrollment portion of this study.

REPORTABLE OUTCOMES

Due to lack of DoD approval for this study there are no reportable outcomes that have resulted from this research.

CONCLUSIONS

Without the approval of the DoD IRB, we completed all relevant tasks possible up to the point of recruitment of men for both our focus groups and the randomized controlled portion of the study.

REFERENCES:

None

APPENDICES:

The following appendices are attached:

- 3 Focus group questionnaires- submitted to Ms. Christie Stewart at the DoD IRB, December 14, 2005. (Appendix 1)
- Study questionnaire-submitted with original grant (Appendix 2)

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APPENDIX 1

- Focus Group 1A Assessment: Culturally Targeted Newsletter Draft, AA men age 45 and older who have never been diagnosed with prostate cancer and have had a PSA & DRE within the past 2 years.

1. What is your date of birth? ____/____/____ What is your age? ____ years of age
2. What is your marital status?
 - ☐ Currently married
 - ☐ Currently living with partner
 - ☐ Separated
 - ☐ Divorced
 - ☐ Widowed
 - ☐ Never married
3. Do you have any children? ☐ Yes ☐ No If yes, how many? ____
4. Are you currently employed? ☐ Yes ☐ No
5. What is the highest level of education that you completed?
 - ☐ Less than 8th grade
 - ☐ 8th to 11th grades
 - ☐ High School graduate
 - ☐ Some college or university
 - ☐ Vocational or technical school
 - ☐ Bachelor's Degree
 - ☐ Graduate Degree
6. What is the estimated total income for your household for the past year, before taxes, from all sources?
 - ☐ Less than \$10,000
 - ☐ \$10,000 to \$19,999
 - ☐ \$20,000 to \$39,999
 - ☐ \$40,000 to \$59,999
 - ☐ \$60,000 to \$100,000
 - ☐ More than \$100,000

7. How many people are supported by this income? ____
8. Which of the following best describes you? Choose as many that apply.

- ☐ Black-American/African American
- ☐ Afro-Caribbean/West Indian

Which ethnic group (i.e. Jamaican, Guyanese)? _____

- ☐ African

Which ethnic group (i.e. Igbo, Yoruba)? _____

- ☐ Afro-Latino

Which group (i.e., Puerto Rican, Dominican)? _____

- ☐ Other _____

9. In which country were you born? (Please indicate which state if born in US.) _____
10. How many years have you lived in the US? ____ years ____ months
11. What type of health insurance do you have? Choose as many that apply.
 - ☐ Medicaid
 - ☐ Medicare
 - ☐ Employer-provided insurance (like Oxford, Blue Cross/Blue Shield, HIP)
 - ☐ Pay for insurance out-of-pocket
 - ☐ I do not have health insurance (pay out of pocket for health care)
 - ☐ Other _____
 - ☐ I'm not sure

12. A primary care doctor is doctor who is trained to give you basic care. Your primary care doctor is the doctor you see first for most health problems. He or she makes sure that you get the care that you need to keep you healthy. He or she also may talk with other doctors and health care providers about your care and refer you to them. A primary care doctor is often a family doctor or internist.

Do you have a regular primary care doctor who you usually go to when you are sick or need healthcare?

☐ Yes ☐ No

What is that doctor's gender? ☐ Male ☐ Female Estimated ethnicity/race _____

13. When was your last visit to your primary care doctor?

☐ Within the past year
☐ 1 - 2 years ago
☐ 2 - 3 years ago
☐ 3 - 5 years ago
☐ More than 5 years ago
☐ I'm not sure
☐ I don't have a regular primary care doctor

14. When was your last visit to any doctor?

☐ Within the past year
☐ 1 - 2 years ago
☐ 2 - 3 years ago
☐ 3 - 5 years ago
☐ More than 5 years ago
☐ I'm not sure
☐ I don't have a regular primary care doctor

15. When should African American/Black men start being tested screened for prostate cancer screening?

☐ 35 years old
☐ 45 years old
☐ 55 years old
☐ 65 years old
☐ I'm not sure

16. How often should men been screened for prostate cancer

☐ Twice a year
☐ Once a year
☐ Once every 2 years
☐ Once every 5 years
☐ I'm not sure

17. How much have you heard or read about controversies or problems with prostate cancer screening?

☐ A lot
☐ A fair amount
☐ Relatively little
☐ Almost nothing

The following questions are about the PSA test (prostate specific antigen test). During a PSA test, a doctor or health care provider takes your blood to test for prostate cancer.

18. Has a doctor ever explained a PSA test to you?

☐ Yes
☐ No
☐ I'm not sure

19. Has a doctor ever recommended that you have a PSA test?

☐ Yes
☐ No
☐ I'm not sure

20. Have you ever had a PSA test?

- ☐ Yes
- ☐ No
- ☐ I'm not sure

21. What was the date of your last PSA test?

Date _____

- ☐ Within the past year
- ☐ 1 - 2 years ago
- ☐ 2 - 3 years ago
- ☐ 3 - 5 years ago
- ☐ More than 5 years ago
- ☐ I'm not sure
- ☐ I've never had this exam

22. Have the results of one of your PSA tests ever been abnormal?

- ☐ Yes
- ☐ No
- ☐ I'm not sure
- ☐ I've never had this exam

23. How reliable do you believe a PSA test is?

- ☐ Very reliable
- ☐ Somewhat reliable
- ☐ A little reliable
- ☐ Not at all reliable

The following questions are about digital rectal exam. During a digital rectal exam a doctor or health care provider inserts his or her finger in your rectum (your bottom) to check for prostate cancer.

24. Has a doctor ever explained a digital rectal exam to you?

- ☐ Yes
- ☐ No
- ☐ I'm not sure

25. Has a doctor ever recommended that you have a digital rectal exam?

- ☐ Yes
- ☐ No
- ☐ I'm not sure

26. Have you ever had a digital rectal exam?

- ☐ Yes
- ☐ No
- ☐ I'm not sure

27. What was the date of your last digital rectal exam? Date _____

- ☐ Within the past year
- ☐ 1 - 2 years ago
- ☐ 2 - 3 years ago
- ☐ 3 - 5 years ago
- ☐ More than 5 years ago
- ☐ I'm not sure
- ☐ I've never had this exam

28. Have the results of one of your digital rectal exams ever been abnormal?

- ☐ Yes
- ☐ No
- ☐ I'm not sure
- ☐ I've never had this exam

29. How reliable do you believe a digital rectal exam is?

- ☐ Very reliable
- ☐ Somewhat reliable
- ☐ A little reliable
- ☐ Not at all reliable

30. Have you ever had a biopsy (a surgery to diagnose cancer)?

- ☐ Yes
- ☐ No
- ☐ I'm not sure

31. Do you have any blood relatives who have been diagnosed with prostate cancer?

- ☐ Yes
- ☐ No
- ☐ I'm not sure

If yes, please tell us which relatives.

- | | | | |
|--------------------|------------------------------|-----------------------------|-----------------|
| a. Father | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| b. Grandfather (s) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | How many? _____ |
| c. Brother(s) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | How many? _____ |
| d. Son(s) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | How many? _____ |
| e. Uncles(s) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | How many? _____ |
| f. Nephew(s) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | How many? _____ |
| g. Cousin(s) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | How many? _____ |

32. Compared to other Black men, what do you think are your chances of getting prostate cancer?

- ☐ Much lower than others
- ☐ Lower than others
- ☐ About the same as others
- ☐ Higher than others
- ☐ Much higher than others

33. During the past two weeks...

- | | |
|----|---|
| a. | How often have you worried about the possibility of getting prostate cancer? |
| | <input type="checkbox"/> _None of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Often <input type="checkbox"/> All the time |
| b. | How often has your mood been affected by your concern that you might get prostate cancer some day? |
| | <input type="checkbox"/> _None of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Often <input type="checkbox"/> All the time |
| c. | How emotionally upset or distressed have you been about the possibility of getting prostate cancer? |
| | <input type="checkbox"/> None of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Often <input type="checkbox"/> All the time |
| d. | How often have thoughts about getting prostate cancer affected your ability to perform your daily activities? |
| | <input type="checkbox"/> _None of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Often <input type="checkbox"/> All the time |

How much do you agree with the following statements?

34. Overall, I am satisfied with my medical care.

☐ Strongly Agree ☐ Moderately Agree ☐ Not sure ☐ Moderately Disagree ☐ Strongly Disagree

35. I have a strong sense of belonging to Black people.

☐ Strongly Agree ☐ Moderately Agree ☐ Not sure ☐ Moderately Disagree ☐ Strongly Disagree

36. Have you ever been screened for colon cancer?

☐ Yes
☐ No
☐ I'm not sure

37. Have you ever been screened for high blood pressure?

☐ Yes
☐ No
☐ I'm not sure

38. Have you ever been screened for diabetes?

☐ Yes
☐ No
☐ I'm not sure

Focus Group 1A Moderator Guide – Time1: AA men age 45 and older who have never been diagnosed with prostate cancer and have had a PSA & DRE within the past 2 years

I. Moderator introduction

1. At this time, what kind of information do you have about prostate cancer?
2. Where did you get your information about prostate cancer?
 - a. Probes
 - i. From doctor, brochures, internet, video, spouse, family member, friend, church

II. Review of EHPCA prostate cancer education Powerpoint presentation (led by Simon Hall, MD)

3. Have you been screened for prostate cancer?
 - a. Probe
 - i. When was the last time you were screened?
 - ii. What did tests did you have?
4. What made you go for prostate cancer screening?
 - a. Probes (following each probe: How important is this issue for Black men in general?)
 - i. How did the each of the following influence your decision:
 1. Concern about health/desire to maintain good health
 2. Peace of mind
 3. Family
 - a. Do you have family members diagnosed with prostate cancer, have you talked to family about screening, do you have family members who have been screened, does your role in your family affect your decision to be screened
 4. Friends
 - a. Do you have friends who have been screened, have you talked to friends about screening?
 5. Physician recommendation, encouragement
 - a. What did physician tell you?
 6. Religious/spiritual values
 - a. Do you feel that it is God's will that you take care of your health?
5. Are there other things that may be important to Black men in general in making the decision to be screened for prostate cancer?

6. What do you think keeps Black men from getting screened?

a. Probes

1. Limited information about prostate cancer
 2. Concerns that screening is uncomfortable or painful
 3. Concerns that screening is embarrassing or will make you feel like less of a man
 4. Fear
 - a. Are you worried that you might find out you have prostate cancer, if you learned you had cancer, how would your life change
 - b. Concerned that screening would add more stress to your life?
 5. Concerns about the side effects of treatment
 6. Stigma
 - a. If you learned you had cancer, how would it affect the way you would feel about yourself and view yourself, how others would view you?
 7. Belief that your risk of getting prostate cancer is low
 8. Mistrust of doctors and hospitals
 - a. How much do you trust PSA (the procedure, the results, etc.)? How much do you trust DRE?
 9. Fatalism
 - a. How much do you feel that there is nothing you can really do about cancer?
 10. Religious/spiritual values
 - a. Do you feel that if you get prostate cancer, it's God's will?
 - b. Do you leave your health in God's hands and not worry about prostate cancer?
 11. Medical costs and access
7. Are there other things that may keep Black men from being screened for prostate cancer?
8. [After moderator summarizes motivators of screening] How should a brochure for Black men address these issues?
9. [After moderator summarizes barriers to screening] How should a brochure for Black men address these issues?
10. [Comparison of standard and CT brochure via Powerpoint] What do you like or dislike about these brochures?
- a. Probes
- i. What do you think about the colors?
 - ii. What do you think about the graphics?
 - iii. What do you think about the topics covered?
 - iv. What do you think about the language used?
 - v. What do you think about the typeface?

Focus Group 1A Moderator Guide – Time2: AA men age 45 and older who have never been diagnosed with prostate cancer and have had a PSA & DRE within the past 2 years

1. [Review of CT brochure via Powerpoint and review of hard copy] What do you like or dislike about the brochure?

a. Probes

- i. What do you think about the colors?
- ii. What do you think about the graphics?
- iii. What do you think about the topics covered?
- iv. What do you think about the language used?
- v. What do you think about the typeface?

Focus Group 1B Assessment: Culturally Targeted Newsletter Draft, AA men age 45 and older who have never been diagnosed with prostate cancer and have not had either a PSA or DRE in 2 years or more.

1. What is your date of birth? ____/____/____ What is your age? ____ years of age
2. What is your marital status?
- ☐ Currently married
 - ☐ Currently living with partner
 - ☐ Separated
 - ☐ Divorced
 - ☐ Widowed
 - ☐ Never married
3. Do you have any children? ☐ Yes ☐ No If yes, how many? ____
12. Are you currently employed? ☐ Yes ☐ No
13. What is the highest level of education that you completed?
- ☐ Less than 8th grade
 - ☐ 8th to 11th grades
 - ☐ High School graduate
 - ☐ Some college or university
 - ☐ Vocational or technical school
 - ☐ Bachelor's Degree
 - ☐ Graduate Degree
14. What is the estimated total income for your household for the past year, before taxes, from all sources?
- ☐ Less than \$10,000
 - ☐ \$10,000 to \$19,999
 - ☐ \$20,000 to \$39,999
 - ☐ \$40,000 to \$59,999
 - ☐ \$60,000 to \$100,000
 - ☐ More than \$100,000
15. How many people are supported by this income? ____
16. Which of the following best describes you? Choose as many that apply.
- ☐ Black-American/African American
 - ☐ Afro-Caribbean/West Indian

Which ethnic group (i.e. Jamaican, Guyanese)? _____

☐ African

Which ethnic group (i.e. Igbo, Yoruba)? _____

☐ Afro-Latino

Which group (i.e., Puerto Rican, Dominican)? _____

☐ Other _____

17. In which country were you born?
(Please indicate which state if born in US.) _____

18. How many years have you lived in the US? ____ years ____ months

19. What type of health insurance do you have? Choose as many that apply.
- ☐ Medicaid
 - ☐ Medicare
 - ☐ Employer-provided insurance (like Oxford, Blue Cross/Blue Shield, HIP)
 - ☐ Pay for insurance out-of-pocket
 - ☐ I do not have health insurance (pay out of pocket for health care)
 - ☐ Other _____
 - ☐ I'm not sure

12. A primary care doctor is doctor who is trained to give you basic care. Your primary care doctor is the doctor you see first for most health problems. He or she makes sure that you get the care that you need to keep you healthy. He or she also may talk with other doctors and health care providers about your care and refer you to them. A primary care doctor is often a family doctor or internist.

Do you have a regular primary care doctor who you usually go to when you are sick or need healthcare?

☐ Yes ☐ No

What is that doctor's gender? ☐ Male ☐ Female Estimated ethnicity/race _____

13. When was your last visit to your primary care doctor?

☐ Within the past year
☐ 1 - 2 years ago
☐ 2 - 3 years ago
☐ 3 - 5 years ago
☐ More than 5 years ago
☐ I'm not sure
☐ I don't have a regular primary care doctor

14. When was your last visit to any doctor?

☐ Within the past year
☐ 1 - 2 years ago
☐ 2 - 3 years ago
☐ 3 - 5 years ago
☐ More than 5 years ago
☐ I'm not sure
☐ I don't have a regular primary care doctor

15. When should African American/Black men start being tested screened for prostate cancer screening?

☐ 35 years old
☐ 45 years old
☐ 55 years old
☐ 65 years old
☐ I'm not sure

16. How often should men been screened for prostate cancer

☐ Twice a year
☐ Once a year
☐ Once every 2 years
☐ Once every 5 years
☐ I'm not sure

17. How much have you heard or read about controversies or problems with prostate cancer screening?

☐ A lot
☐ A fair amount
☐ Relatively little
☐ Almost nothing

The following questions are about the PSA test (prostate specific antigen test). During a PSA test, a doctor or health care provider takes your blood to test for prostate cancer.

18. Has a doctor ever explained a PSA test to you?

☐ Yes
☐ No
☐ I'm not sure

19. Has a doctor ever recommended that you have a PSA test?

☐ Yes
☐ No
☐ I'm not sure

20. Have you ever had a PSA test?

- ☐ Yes
- ☐ No
- ☐ I'm not sure

21. What was the date of your last PSA test?

Date _____

- ☐ Within the past year
- ☐ 1 - 2 years ago
- ☐ 2 - 3 years ago
- ☐ 3 - 5 years ago
- ☐ More than 5 years ago
- ☐ I'm not sure
- ☐ I've never had this exam

22. Have the results of one of your PSA tests ever been abnormal?

- ☐ Yes
- ☐ No
- ☐ I'm not sure
- ☐ I've never had this exam

23. How reliable do you believe a PSA test is?

- ☐ Very reliable
- ☐ Somewhat reliable
- ☐ A little reliable
- ☐ Not at all reliable

The following questions are about digital rectal exam. During a digital rectal exam a doctor or health care provider inserts his or her finger in your rectum (your bottom) to check for prostate cancer.

24. Has a doctor ever explained a digital rectal exam to you?

- ☐ Yes
- ☐ No
- ☐ I'm not sure

25. Has a doctor ever recommended that you have a digital rectal exam?

- ☐ Yes
- ☐ No
- ☐ I'm not sure

26. Have you ever had a digital rectal exam?

- ☐ Yes
- ☐ No
- ☐ I'm not sure

27. What was the date of your last digital rectal exam? Date _____

- ☐ Within the past year
- ☐ 1 - 2 years ago
- ☐ 2 - 3 years ago
- ☐ 3 - 5 years ago
- ☐ More than 5 years ago
- ☐ I'm not sure
- ☐ I've never had this exam

28. Have the results of one of your digital rectal exams ever been abnormal?

- ☐ Yes
- ☐ No
- ☐ I'm not sure
- ☐ I've never had this exam

29. How reliable do you believe a digital rectal exam is?

- ☐ Very reliable
- ☐ Somewhat reliable
- ☐ A little reliable
- ☐ Not at all reliable

28. Have you ever had a biopsy (a surgery to diagnose cancer)?

- ☐ Yes
- ☐ No
- ☐ I'm not sure

29. Do you have any blood relatives who have been diagnosed with prostate cancer?

- ☐ Yes
- ☐ No
- ☐ I'm not sure

If yes, please tell us which relatives.

- | | | | |
|--------------------|------------------------------|-----------------------------|-----------------|
| a. Father | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| b. Grandfather (s) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | How many? _____ |
| c. Brother(s) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | How many? _____ |
| d. Son(s) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | How many? _____ |
| e. Uncles(s) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | How many? _____ |
| f. Nephew(s) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | How many? _____ |
| g. Cousin(s) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | How many? _____ |

30. Compared to other Black men, what do you think are your chances of getting prostate cancer?

- ☐ Much lower than others
- ☐ Lower than others
- ☐ About the same as others
- ☐ Higher than others
- ☐ Much higher than others

31. During the past two weeks...

- | | |
|----|--|
| a. | How often have you worried about the possibility of getting prostate cancer? |
| | <input type="checkbox"/> None of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Often <input type="checkbox"/> All the time |
| b. | How often has your mood been affected by your concern that you might get prostate cancer some day? |
| | <input type="checkbox"/> None of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Often <input type="checkbox"/> All the time |
| c. | How emotionally upset or distressed have you been about the possibility of getting prostate cancer? |
| | <input type="checkbox"/> None of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Often <input type="checkbox"/> All the time |
| d. | How often have thoughts about getting prostate cancer affected your ability to perform your daily activities? |
| | <input type="checkbox"/> None of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Often <input type="checkbox"/> All the time |

How much do you agree with the following statements?

32. Overall, I am satisfied with my medical care.

- | | | | | |
|---|---|-----------------------------------|--|--|
| <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Moderately Agree | <input type="checkbox"/> Not sure | <input type="checkbox"/> Moderately Disagree | <input type="checkbox"/> Strongly Disagree |
|---|---|-----------------------------------|--|--|

33. I have a strong sense of belonging to Black people.

- ☐ Strongly Agree ☐ Moderately Agree ☐ Not sure ☐ Moderately Disagree ☐ Strongly Disagree

34. Have you ever been screened for colon cancer?

- ☐ Yes
☐ No
☐ I'm not sure

35. Have you ever been screened for high blood pressure?

- ☐ Yes
☐ No
☐ I'm not sure

36. Have you ever been screened for diabetes?

- ☐ Yes
☐ No
☐ I'm not sure

Focus Group 1B Moderator Guide – Time1: Culturally Targeted Newsletter Draft, AA men age 45 and older who have never been diagnosed with prostate cancer and have not had either a PSA or DRE in 2 years or more.

III. Moderator introduction

7. At this time, what kind of information do you have about prostate cancer?

8. Where did you get your information about prostate cancer?

- a. Probes
i. From doctor, brochures, internet, video, spouse, family member, friend, church

IV. Review of EHPCA prostate cancer education Powerpoint presentation (led by Simon Hall, MD)

9. Have you been screened for prostate cancer?

- a. Probe
i. When was the last time you were screened?
ii. What did tests did you have?

10. What has kept you from getting screened for prostate cancer?

- a. Probes (following each probe: How important is this issue for Black men in general?)
i. How did the each of the following influence your decision:
a. Limited information about prostate cancer
b. Concerns that screening is uncomfortable or painful
c. Concerns that screening is embarrassing or will make you feel like less of a man
d. Fear
i. Are you worried that you might find out you have prostate cancer, if you learned you had cancer, how would your life change
ii. Concerned that screening would add more stress to your life?
e. Concerns about the side effects of treatment
f. Stigma
i. If you learned you had cancer, how would it affect the way you would feel about yourself and view yourself, how others would view you?
g. Belief that your risk of getting prostate cancer is low
h. Mistrust of doctors and hospitals
i. How much do you trust PSA (the procedure, the results, etc.)? How much do you trust DRE?
i. Fatalism
i. How much do you feel that there is nothing you can really do about cancer?
j. Religious/spiritual values
i. Do you feel that if you get prostate cancer, it's God's will?
ii. Do you leave your health in God's hands and not worry about prostate cancer?

- k. Medical costs and access
- 5. Are there other things that may keep Black men from being screened for prostate cancer?
- 6. What do you think makes Black men get screened for prostate cancer?
 - b. Probes
 - i. Concern about health/desire to maintain good health
 - ii. Peace of mind
 - iii. Family
 - 1. Do you have family members diagnosed with prostate cancer, have you talked to family about screening, do you have family members who have been screened, does your role in your family affect your decision to be screened
 - iv. Friends
 - 1. Do you have friends who have been screened, have you talked to friends about screening?
 - v. Physician recommendation, encouragement
 - 1. What did physician tell you?
 - vi. Religious/spiritual values
 - 1. Do you feel that it is God's will that you take care of your health?
- 11. Are there other things that may be important to Black men that makes them go for prostate cancer screening?
- 12. [After moderator summarizes barriers to screening] How should a brochure for Black men address these issues?
- 13. [After moderator summarizes motivators of screening] How should a brochure for Black men address these issues?
- 14. [Comparison of standard and CT brochure via Powerpoint] What do you like or dislike about these brochures?
 - a. Probes
 - i. What do you think about the colors?
 - ii. What do you think about the graphics?
 - iii. What do you think about the topics covered?
 - iv. What do you think about the language used?
 - v. What do you think about the typeface?

Focus Group 1B Moderator Guide – Time2: Culturally Targeted Newsletter Draft, AA men age 45 and older who have never been diagnosed with prostate cancer and have not had either a PSA or DRE in 2 years or more.

- 1. [Review of CT brochure via Powerpoint and review of hard copy] What do you like or dislike about the brochure?
 - a. Probes
 - i. What do you think about the colors?
 - ii. What do you think about the graphics?
 - iii. What do you think about the topics covered?
 - iv. What do you think about the language used?
 - v. What do you think about the typeface?

Focus Group 1C Assessment: Culturally Targeted Newsletter Draft, AA prostate cancer survivors, age 45 and older.

1. What is your date of birth? ____/____/____ What is your age? ____ years of age
2. What is your marital status?
- ☐ Currently married
 - ☐ Currently living with partner
 - ☐ Separated
 - ☐ Divorced
 - ☐ Widowed
 - ☐ Never married
3. Do you have any children? ☐ Yes ☐ No If yes, how many? _____
20. Are you currently employed? ☐ Yes ☐ No
21. What is the highest level of education that you completed?
- ☐ Less than 8th grade
 - ☐ 8th to 11th grades
 - ☐ High School graduate
 - ☐ Some college or university
 - ☐ Vocational or technical school
 - ☐ Bachelor's Degree
 - ☐ Graduate Degree
22. What is the estimated total income for your household for the past year, before taxes, from all sources?
- ☐ Less than \$10,000
 - ☐ \$10,000 to \$19,999
 - ☐ \$20,000 to \$39,999
 - ☐ \$40,000 to \$59,999
 - ☐ \$60,000 to \$100,000
 - ☐ More than \$100,000
23. How many people are supported by this income? _____
24. Which of the following best describes you? Choose as many that apply.
- ☐ Black-American/African American
 - ☐ Afro-Caribbean/West Indian
- Which ethnic group (i.e. Jamaican, Guyanese)? _____
- ☐ African
Which ethnic group (i.e. Igbo, Yoruba)? _____
 - ☐ Afro-Latino
Which group (i.e., Puerto Rican, Dominican)? _____
 - ☐ Other _____
25. In which country were you born?
(Please indicate which state if born in US.) _____
26. How many years have you lived in the US? _____ years _____ months
27. What type of health insurance do you have? Choose as many that apply.
- ☐ Medicaid
 - ☐ Medicare
 - ☐ Employer-provided insurance (like Oxford, Blue Cross/Blue Shield, HIP)
 - ☐ Pay for insurance out-of-pocket
 - ☐ I do not have health insurance (pay out of pocket for health care)
 - ☐ Other _____
 - ☐ I'm not sure

12. A primary care doctor is doctor who is trained to give you basic care. Your primary care doctor is the doctor you see first for most health problems. He or she makes sure that you get the care that you need to keep you healthy. He or she also may talk with other doctors and health care providers about your care and refer you to them. A primary care doctor is often a family doctor or internist.

Do you have a regular primary care doctor who you usually go to when you are sick or need healthcare?

☐ Yes ☐ No

What is that doctor's gender? ☐ Male ☐ Female Estimated ethnicity/race _____

13. When was your last visit to your primary care doctor?

☐ Within the past year
☐ 1 - 2 years ago
☐ 2 - 3 years ago
☐ 3 - 5 years ago
☐ More than 5 years ago
☐ I'm not sure
☐ I don't have a regular primary care doctor

14. When was your last visit to any doctor?

☐ Within the past year
☐ 1 - 2 years ago
☐ 2 - 3 years ago
☐ 3 - 5 years ago
☐ More than 5 years ago
☐ I'm not sure
☐ I don't have a regular primary care doctor

15. When should African American/Black men start being tested screened for prostate cancer screening?

☐ 35 years old
☐ 45 years old
☐ 55 years old
☐ 65 years old
☐ I'm not sure

16. How often should men been screened for prostate cancer

☐ Twice a year
☐ Once a year
☐ Once every 2 years
☐ Once every 5 years
☐ I'm not sure

17. When were you diagnosed with prostate cancer? Date _____

18. What was the stage of your prostate cancer when you were diagnosed? _____

19. What treatment did you receive for your prostate cancer?

☐ Watchful waiting
☐ Surgery
☐ External beam radiation therapy
☐ Brachytherapy (seed implants)
☐ Hormone therapy

20. How much have you heard or read about controversies or problems with prostate cancer screening?

☐ A lot
☐ A fair amount
☐ Relatively little
☐ Almost nothing

The following questions are about the PSA test (prostate specific antigen test). During a PSA test, a doctor or health care provider takes your blood to test for prostate cancer.

21. Has a doctor ever explained a PSA test to you?

- ☐ Yes
- ☐ No
- ☐ I'm not sure

22. Has a doctor ever recommended that you have a PSA test?

- ☐ Yes
- ☐ No
- ☐ I'm not sure

23. Have you ever had a PSA test?

- ☐ Yes
- ☐ No
- ☐ I'm not sure

24. What was the date of your last PSA test?

Date _____

- ☐ Within the past year
- ☐ 1 - 2 years ago
- ☐ 2 - 3 years ago
- ☐ 3 - 5 years ago
- ☐ More than 5 years ago
- ☐ I'm not sure
- ☐ I've never had this exam

25. Have the results of one of your PSA tests ever been abnormal?

- ☐ Yes
- ☐ No
- ☐ I'm not sure
- ☐ I've never had this exam

26. How reliable do you believe a PSA test is?

- ☐ Very reliable
- ☐ Somewhat reliable
- ☐ A little reliable
- ☐ Not at all reliable

The following questions are about digital rectal exam. During a digital rectal exam a doctor or health care provider inserts his or her finger in your rectum (your bottom) to check for prostate cancer.

27. Has a doctor ever explained a digital rectal exam to you?

- ☐ Yes
- ☐ No
- ☐ I'm not sure

28. Has a doctor ever recommended that you have a digital rectal exam?

- ☐ Yes
- ☐ No
- ☐ I'm not sure

29. Have you ever had a digital rectal exam?

- ☐ Yes
- ☐ No
- ☐ I'm not sure

30. What was the date of your last digital rectal exam? Date _____

- ☐ Within the past year
- ☐ 1 - 2 years ago
- ☐ 2 - 3 years ago
- ☐ 3 - 5 years ago
- ☐ More than 5 years ago
- ☐ I'm not sure
- ☐ I've never had this exam

31. Have the results of one of your digital rectal exams ever been abnormal?

- ☐ Yes
- ☐ No
- ☐ I'm not sure
- ☐ I've never had this exam

32. How reliable do you believe a digital rectal exam is?

- ☐ Very reliable
- ☐ Somewhat reliable
- ☐ A little reliable
- ☐ Not at all reliable

33. Have you ever had a biopsy (a surgery to diagnose cancer)?

- ☐ Yes
- ☐ No
- ☐ I'm not sure

34. Do you have any blood relatives who have been diagnosed with prostate cancer?

- ☐ Yes
- ☐ No
- ☐ I'm not sure

If yes, please tell us which relatives.

- | | | | |
|--------------------|------------------------------|-----------------------------|-----------------|
| a. Father | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| b. Grandfather (s) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | How many? _____ |
| c. Brother(s) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | How many? _____ |
| d. Son(s) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | How many? _____ |
| e. Uncles(s) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | How many? _____ |
| f. Nephew(s) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | How many? _____ |
| g. Cousin(s) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | How many? _____ |

35. During the past **two weeks**...

- a. How often have you worried about the possibility of getting prostate cancer again?
☐ None of the time ☐ Occasionally ☐ Often ☐ All the time
- b. How often has your mood been affected by your concern that you might get prostate cancer again?
☐ None of the time ☐ Occasionally ☐ Often ☐ All the time
- c. How emotionally upset or distressed have you been about the possibility of getting prostate cancer again?
☐ None of the time ☐ Occasionally ☐ Often ☐ All the time
- d. How often have thoughts about getting prostate cancer again affected your ability to perform your daily activities?
☐ None of the time ☐ Occasionally ☐ Often ☐ All the time

How much do you agree with the following statements?

36. Overall, I am satisfied with my medical care.

☐ Strongly Agree ☐ Moderately Agree ☐ Not sure ☐ Moderately Disagree ☐ Strongly Disagree

38. I have a strong sense of belonging to Black people.

☐ Strongly Agree ☐ Moderately Agree ☐ Not sure ☐ Moderately Disagree ☐ Strongly Disagree

39. Have you ever been screened for colon cancer?

☐ Yes
☐ No
☐ I'm not sure

40. Have you ever been screened for high blood pressure?

☐ Yes
☐ No
☐ I'm not sure

41. Have you ever been screened for diabetes?

☐ Yes
☐ No
☐ I'm not sure

Focus Group 1C Moderator Guide- Time 1: AA prostate cancer survivors, age 45 and older.

V. Moderator introduction

1. How did you learn about your prostate cancer?

2. How was your prostate cancer treated?

3. At this time, what kind of information do you have about prostate cancer?

4. Where did you get your information about prostate cancer?

a. Probes

i. From doctor, brochures, internet, video, spouse, family member, friend, church

5. Before you were diagnosed with prostate cancer, did you go for regular prostate cancer screening?

a. Probe

i. When was the last time you were screened?

6. If you were screened regularly for prostate cancer before your diagnosis, what made you go?

a. Probes (following each probe: How important is this issue for Black men in general?)

i. How did the each of the following influence your decision:

1. Concern about health/desire to maintain good health

2. Peace of mind

3. Family

a. Do you have family members diagnosed with prostate cancer, have you talked to family about screening, do you have family members who have been screened, does your role in your family affect your decision to be screened

4. Friends

a. Do you have friends who have been screened, have you talked to friends about screening?

5. Physician recommendation, encouragement

a. What did physician tell you?

6. Religious/spiritual values

a. Do you feel that it is God's will that you take care of your health?

7. Are there other things that may be important to Black men in general in making the decision to be screened for prostate cancer?

8. If you had not been screened or put off screening before your prostate cancer diagnosis, what kept you from going?

a. Probes (following each probe: How important is this issue for Black men in general?)

i. How did the each of the following influence your decision:

1. Limited information about prostate cancer

2. Concerns that screening is uncomfortable or painful

3. Concerns that screening is embarrassing or will make you feel like less of a man

4. Fear

b. Are you worried that you might find out you have prostate cancer, if you learned you had cancer, how would your life change

c. Concerned that screening would add more stress to your life?

5. Concerns about the side effects of treatment

6. Stigma

d. If you learned you had cancer, how would it affect the way you would feel about yourself and view yourself, how others would view you?

7. Belief that your risk of getting prostate cancer is low

8. Mistrust of doctors and hospitals

a. How much do you trust PSA (the procedure, the results, etc.)? How much do you trust DRE?

9. Fatalism

a. How much do you feel that there is nothing you can really do about cancer?

10. Religious/spiritual values

a. Do you feel that if you get prostate cancer, it's God's will?

b. Do you leave your health in God's hands and not worry about prostate cancer?

11. Medical costs and access

9. Are there other things that may keep Black men from being screened for prostate cancer?

10. [After moderator summarizes motivators of screening] How should a brochure for Black men address these issues?

11. [After moderator summarizes barriers to screening] How should a brochure for Black men address these issues?

12. [Comparison of standard and CT brochure via Powerpoint] What do you like or dislike about these brochures?

b. Probes

i. What do you think about the colors?

ii. What do you think about the graphics?

iii. What do you think about the topics covered?

iv. What do you think about the language used?

v. What do you think about the typeface?

Focus Group 1C Moderator Guide- Time 1: AA prostate cancer survivors, age 45 and older.

1. [Review of CT brochure via Powerpoint and review of hard copy] What do you like or dislike about the brochure?

a. Probes

i. What do you think about the colors?

ii. What do you think about the graphics?

iii. What do you think about the topics covered?

iv. What do you think about the language used?

v. What do you think about the typeface?

APPENDIX 2:

LISTING OF ATTACHED INSTRUMENTS. PLEASE NOTE THAT AS THE QUESTIONNAIRE WILL BE ADMINISTERED VIA INTERVIEW, INSTRUCTIONS FOR RETURN ARE NOT INCLUDED.

1. Background Information
2. Past Prostate Cancer Screening Participation & Physician Recommendation
3. Prostate Cancer Screening Participation (6-month follow-up)
4. Prostate Cancer Screening Intention
5. Perceived Prostate Cancer Risk
6. Prostate Cancer Screening Knowledge
7. Prostate Cancer Screening Attitudes
8. Perceived Group Norms to Participate in Prostate Cancer Screening
9. Behavioral Control/ Perceived Access to Prostate Cancer Screening
10. Medical Mistrust
11. Spirituality
12. Collectivism
13. Ethnic Identity

Background

1.	What is your birthday ? (month, day, and year) _____ How old are you now? _____
2.	What is your current marital status? <input type="checkbox"/> Married or living with partner <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never married
3.	Do you have any children? <input type="checkbox"/> Yes If yes, how many? _____ <input type="checkbox"/> No
4.	What is your current employment status? <input type="checkbox"/> Currently employed (full-time or part-time) <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> On disability
5.	To get a picture of people's financial situation, we need to know the income of all the people we interview. What was (your/your family's) total income before taxes from all sources last year? Would you say it was... <input type="checkbox"/> Less than \$15,000 <input type="checkbox"/> \$15,000 to \$29,000 <input type="checkbox"/> \$30,000 to \$49,000 <input type="checkbox"/> \$50,000 to \$74,000 <input type="checkbox"/> \$75,000 or more
6.	What is your highest level of education? <input type="checkbox"/> Less than high school <input type="checkbox"/> High school or GED <input type="checkbox"/> Technical or vocational degree <input type="checkbox"/> Associates degree <input type="checkbox"/> Bachelors degree <input type="checkbox"/> Graduate degree
7.	In what U.S. state or foreign country were you born? _____ If you were born in another country, how long have you lived in the U.S. ? _____
8.	What is your race? (Check all that apply.) <input type="checkbox"/> Black/African-American <input type="checkbox"/> Black/African(What ethnic group? _____) <input type="checkbox"/> Black/West Indian/Caribbean(What ethnic group? _____) <input type="checkbox"/> Black/Hispanic or Latino (What ethnic group? _____) <input type="checkbox"/> Other (_____)

9.	Which religion do you identify with, if any? <input type="checkbox"/> Catholic <input type="checkbox"/> Protestant (i.e. Lutheran, Baptist, Methodist) <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> None <input type="checkbox"/> Don't know <input type="checkbox"/> Other: please specify _____
10.	What type of health insurance do you have? <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Employer-provided insurance (like Oxford, Blue Cross/Blue Shield, HIP) <input type="checkbox"/> Pay for insurance out-of-pocket <input type="checkbox"/> I do not have health insurance (pay out of pocket for health care) <input type="checkbox"/> Other _____ <input type="checkbox"/> Not sure
11.	Do you see a primary care doctor (like an internist, family practitioner) regularly (once a year or more)? <input type="checkbox"/> Yes <input type="checkbox"/> No
12.	When was the last time you had a complete physical examination? <input type="checkbox"/> Within the last year <input type="checkbox"/> 1-2 years ago <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> more than 5 years ago
13.	How much of the time are you able to see the same doctor for your regular health care? <input type="checkbox"/> Always <input type="checkbox"/> Fairly often <input type="checkbox"/> Sometimes <input type="checkbox"/> Never
14.	How much of the time are you able to go to the same health care group, clinic, or hospital for your regular health care? <input type="checkbox"/> Always <input type="checkbox"/> Fairly often <input type="checkbox"/> Sometimes <input type="checkbox"/> Never
15.	Have you ever been diagnosed with cancer? <input type="checkbox"/> Yes (What type of cancer? _____) <input type="checkbox"/> No <input type="checkbox"/> Not sure
16.	Have you ever been told you had prostate disease? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure

* 17.	Have you ever had a biopsy of your prostate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
18.	Have you ever had any type of operation on your prostate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure

Past Prostate Cancer Screening Participation

A) A Digital Rectal Examination a finger test of the prostate (doctor places finger in the rectum or rear end).

1.	Has a doctor ever recommended that you have a digital rectal exam? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
2.	Have you ever had this test? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
3.	If you have had a digital rectal exam, how old were you when you had your first one? _____
4.	How many have you had in your lifetime? <input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 – 3 <input type="checkbox"/> 3 – 5 <input type="checkbox"/> 5 or more
5.	When was the date of your last digital rectal exam? <input type="checkbox"/> Within the past year <input type="checkbox"/> Between 1 and 2 years ago <input type="checkbox"/> Between 2 and 3 years ago <input type="checkbox"/> More than 3 years ago <input type="checkbox"/> Not sure
6.	Was it normal or abnormal? <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not sure

B) A PSA blood test is a special blood test for the prostate.

1.	Has a doctor ever recommended that you have a PSA? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
2.	Have you ever had a PSA? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
3.	If you have had a PSA, how old were you when you had your first one? _____
4.	How many have you had in your lifetime? <input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 – 3 <input type="checkbox"/> 3 – 5 <input type="checkbox"/> 5 or more
5.	When was the date of your last PSA? <input type="checkbox"/> Within the past year <input type="checkbox"/> Between 1 and 2 years ago <input type="checkbox"/> Between 2 and 3 years ago <input type="checkbox"/> More than 3 years ago <input type="checkbox"/> Not sure
6.	Was it normal or abnormal? <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not sure

Prostate Cancer Screening Participation (6-month follow-up)

1. Have you had a DRE since you read the newsletter that was sent to you?

☐ Yes

☐ No

2. Have you had a PSA test since you read the newsletter that was sent to you?

☐ Yes

☐ No

Prostate Cancer Screening Intention

1.	<p>How much do you agree or disagree with this statement? "I intend to have a digital rectal exam in the next 6 months."</p> <p><input type="checkbox"/> Strongly disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Not sure/undecided <input type="checkbox"/> Agree <input type="checkbox"/> Strongly agree</p>
2.	<p>When do you plan to have your next digital rectal exam?</p> <p><input type="checkbox"/> I have no plan to have one or not sure <input type="checkbox"/> Within the next 6 months <input type="checkbox"/> Within the next year <input type="checkbox"/> Within the next 2 years <input type="checkbox"/> More than 2 years from now <input type="checkbox"/> When my doctor recommends one <input type="checkbox"/> When I have symptoms or problems</p>
3.	<p>How much do you agree or disagree with this statement? "I intend to have a PSA test in the next 6 months."</p> <p><input type="checkbox"/> Strongly disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Not sure/undecided <input type="checkbox"/> Agree <input type="checkbox"/> Strongly agree</p>
4.	<p>When do you plan to have your next PSA?</p> <p><input type="checkbox"/> I have no plan to have one or not sure <input type="checkbox"/> Within the next 6 months <input type="checkbox"/> Within the next year <input type="checkbox"/> Within the next 2 years <input type="checkbox"/> More than 2 years from now <input type="checkbox"/> When my doctor recommends one <input type="checkbox"/> When I have symptoms or problems</p>

Perceived Risk of Prostate Cancer

1. Compared to other men your age, what do you think are your chances of being diagnosed with prostate cancer during your lifetime?

☐ I am at much lower risk than others

☐ I am at a little lower risk than others

☐ I am at the same risk as others

☐ I am at a little higher risk as others

☐ I am at much higher risk than others

2. On a scale of 0 to 100 where 0 means 'no chance' and 100 means 'certain to happen', how likely do you think it is that you will get prostate cancer ? _____

3. On a scale of 0 to 100 where 0 means 'no harm at all' and 100 means 'extremely devastating', how serious would it be if you did get prostate cancer ? _____

Prostate Cancer Knowledge

Please read the following statements. Think about how much you agree or disagree with each one and select the box that best matches your answer.

1.	Older men are more likely to get prostate cancer.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
2.	A man who has prostate cancer will always have symptoms.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
3.	Pain often in your lower back or upper legs could be a sign of prostate cancer.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
4.	Finding prostate cancer when it has first started to grow increases the chance of a cure.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
5.	A man is more likely to develop prostate cancer if his father had it	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
6.	African American men are at higher risk for developing prostate cancer than whites	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
7.	Hispanic or Latino men are at higher risk for developing prostate cancer than whites	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
8.	Most men with untreated early stage prostate cancer will die from it	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
9.	A high PSA level usually means an enlarged prostate gland associated with aging	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
10.	Most doctors agree that men age 40 and older should be checked for prostate cancer every year.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
11.	Regular prostate cancer screening lowers the number of men who die from prostate cancer.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure

Attitudes about Prostate Cancer and Screening

Please read the following statements. Think about how much you agree or disagree with each one and select the box that best matches your answer.

1.	Prostate cancer screening can find cancer early.	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Not sure	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
2.	Prostate cancer screening is something I try to put off.	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Not sure	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
3.	Prostate cancer screening can result in early treatment for cancer.	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Not sure	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
4.	Prostate cancer screening will let me know if I have cancer.	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Not sure	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
5.	Doctor's hours are not convenient for me to go for prostate cancer screening.	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Not sure	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
6.	Prostate cancer screening will let me know that I am well.	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Not sure	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
7.	If I feel healthy, I don't need to be screened for prostate cancer.	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Not sure	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
8.	I don't know what kind of doctor does prostate cancer screening.	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Not sure	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
9.	Prostate cancer screening will help me to live longer.	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Not sure	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
10.	I don't know where to go for prostate cancer screening.	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Not sure	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
11.	Prostate cancer screening will stop the cancer from growing.	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Not sure	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
12.	Prostate cancer screening costs too much.	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Not sure	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
13.	People important to me would be reassured if I were screened for prostate cancer.	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Not sure	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
14.	I cannot afford prostate cancer screening.	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Not sure	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
15.	Prostate cancer screening would give me peace of mind.	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Not sure	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
16.	I would probably have to wait too long when I go for prostate cancer screening.	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Not sure	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
17.	If I learn I have prostate cancer, I am afraid of impotence (not being able to perform sexually).	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Not sure	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
18.	I would probably be treated rudely or unkindly when I go for prostate cancer screening.	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Not sure	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
19.	I have no way to get to a place where I could be screened for prostate cancer.	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Not sure	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
20.	I am afraid to go for prostate cancer screening because I might find out something is wrong.	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Not sure	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree

21. ✓	Prostate cancer screening is painful.	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Not sure	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
22.	Prostate cancer screening is embarrassing.	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Not sure	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
23.	I would be ashamed if prostate cancer screening found that I have prostate cancer.	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Not sure	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
24.	Other people would view me negatively if a prostate cancer screening found that I had prostate cancer .	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Not sure	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
25.	I would be angry if prostate cancer screening found that I had prostate cancer .	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Not sure	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
26.	I would be frightened if a prostate cancer screening found that I had prostate cancer.	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Not sure	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
27.	I would not be able to handle it emotionally if prostate cancer screening found that I had prostate cancer .	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Not sure	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
28.	I would feel a sense of hopelessness and despair if prostate cancer screening found that I had prostate cancer.	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Not sure	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree

Group Norms

Please read the following statements. Think about how much you agree or disagree with each one and select the box that best matches your answer.

1.	I have talked to or heard from Black men who believe that prostate cancer screening is important.	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Not sure	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
2.	I have talked to or heard from Black men who have regular prostate cancer screening.	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Not sure	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
3.	I have talked to or heard from Black men who found prostate cancer at an early stage because of regular prostate cancer screening.	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Not sure	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
4.	I have talked to or heard from African American who women think I should have regular prostate cancer screening.	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Not sure	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
5.	I have talked to or heard from friends who think I should have regular prostate cancer screening.	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Not sure	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
6.	My spouse or partner thinks I should have regular prostate cancer screening.	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Not sure	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
7.	I have talked to or heard from family members think I should have regular prostate cancer screening.	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Not sure	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
8.	My doctor thinks I should have regular prostate cancer screening.	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Not sure	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree

Behavioral Control

Digital Rectal Exam

1. How easy or difficult would it be for you to go for a digital rectal exam within the next 6 months?	<input type="checkbox"/> Very Difficult	<input type="checkbox"/> Difficult	<input type="checkbox"/> Not sure	<input type="checkbox"/> Easy	<input type="checkbox"/> Very easy
2. How confident are you that you will be able to go for a digital rectal exam within the next 6 months?	<input type="checkbox"/> Very unconfident	<input type="checkbox"/> Unconfident	<input type="checkbox"/> Not sure	<input type="checkbox"/> Confident	<input type="checkbox"/> Very confident
3. If I wanted to, I could easily go for a digital rectal exam within the next 6 months?	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Not sure	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly agree

PSA test

1. How easy or difficult would it be for you to go for a PSA test within 6 months?	<input type="checkbox"/> Very Difficult	<input type="checkbox"/> Difficult	<input type="checkbox"/> Not sure	<input type="checkbox"/> Easy	<input type="checkbox"/> Very easy
2. How confident are you that you will be able to go for a PSA test within the next 6 months?	<input type="checkbox"/> Very unconfident	<input type="checkbox"/> Unconfident	<input type="checkbox"/> Not sure	<input type="checkbox"/> Confident	<input type="checkbox"/> Very confident
3. If I wanted to, I could easily go for a PSA test within the next 6 months?	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Not sure	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly agree

Perceived Access to Health Services

Please read the following statements. Think about how much you agree or disagree with each one and select the box that best matches your answer.

1.	I am able to get prostate cancer screening whenever I need it.	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly agree
2.	Sometimes it is a problem to cover my share of the cost for prostate cancer screening.	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly agree
3.	Sometimes I go without prostate cancer screening because it is too expensive.	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly agree
4.	Places where I can be screened for prostate cancer are conveniently located.	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly agree
5.	If I have a question about prostate cancer, I can reach a doctor or nurse for help.	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly agree
6.	Health care providers often don't listen to people.	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly agree
7.	I have easy access to prostate cancer screening.	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly agree
8.	I don't worry much about the cost when I know I need prostate cancer screening.	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly agree
9.	I see a different health care provider almost every time I am screened for prostate cancer.	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly agree
10.	Money is an issue to me when I need to be screened for prostate cancer.	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly agree

Medical Mistrust

These questions ask about your beliefs about the care you and other people of your racial and ethnic group receive in from doctors, nurses and other staff people in the health care system.

Please read the following statements. Think about how much you agree or disagree with each one and select the box that best matches your answer.

1.	Doctors and health care workers sometimes hide information from patients who belong to my ethnic group.	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Not sure	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
2.	Doctors have the best interests of people of my ethnic group in mind.	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Not sure	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
3.	People of my ethnic group should not confide in doctors and health care workers because it will be used against them.	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Not sure	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
4.	People of my ethnic group should be suspicious of information from doctors and health care workers.	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Not sure	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
5.	People of my ethnic group cannot trust doctors and health care workers.	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Not sure	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
6.	People of my ethnic group should be suspicious of modern medicine.	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Not sure	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
7.	Doctors and health care workers treat people of my ethnic group like "guinea pigs".	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Not sure	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
8.	People of my ethnic group receive the same medical care from doctors and health care workers as people from other groups.	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Not sure	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
9.	Doctors and health care workers do not take the medical complaints of people of my ethnic group seriously.	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Not sure	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree

10.	People of my ethnic group are treated the same as people of other groups by doctors and health care workers.	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Not sure	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
11.	In most hospitals, people of different ethnic groups receive the same kind of care.	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Not sure	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
12.	I have personally been treated poorly or unfairly by doctors or health care workers because of my ethnicity.	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Not sure	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree

Spirituality

1. Are you a member of a church or other place of worship?

- ☐ Yes
☐ No

How often do you attend church or other religious services?

- ☐ More than once per week
☐ Once a week
☐ A few times a month
☐ A few times a year
☐ Once a year or less
☐ Never

3. How often do you spend time in private religious activities, such as prayer, meditation or Bible study?

- ☐ More than once per week
☐ Once a week
☐ A few times a month
☐ A few times a year
☐ Once a year or less
☐ Never

Please read the following statements. Think about how much you agree or disagree with each one and select the box that best matches your answer.

1.	I talk openly about my faith with others.	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly agree
2.	I often read religious books, magazines, or pamphlets.	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly agree
3.	I often watch or listen to religious programs on television or radio	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly agree
4.	My spiritual beliefs are the foundation of my whole approach to life	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly agree
5.	I am often aware of the presence of God in my life.	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly agree
6.	I have a personal relationship with God.	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly agree
7.	When I am ill, I pray for healing.	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly agree
8.	I pray often.	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly agree

9.	I rely on God to keep me in good health.	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly agree
10.	If I lead a good spiritual life, I will stay healthy.	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly agree
11.	If I stay healthy, it is because I am right with God	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly agree
12.	Through my faith in God, I can stay healthy.	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly agree
13.	I talk openly about my faith with others.	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly agree

Collectivism

In your opinion, how important is it that you and your family...

1.	Let relatives stay with you for a short time when they need some help	<input type="checkbox"/> Not at all important	<input type="checkbox"/> Unimportant	<input type="checkbox"/> Important	<input type="checkbox"/> Very Important
2.	Turn to each other in times of trouble	<input type="checkbox"/> Not at all important	<input type="checkbox"/> Unimportant	<input type="checkbox"/> Important	<input type="checkbox"/> Very Important
3.	Raise each other's children whenever there is a need	<input type="checkbox"/> Not at all important	<input type="checkbox"/> Unimportant	<input type="checkbox"/> Important	<input type="checkbox"/> Very Important
4.	Do everything you can to help each other move ahead in life	<input type="checkbox"/> Not at all important	<input type="checkbox"/> Unimportant	<input type="checkbox"/> Important	<input type="checkbox"/> Very Important
5.	Take responsibility for caring for older family members	<input type="checkbox"/> Not at all important	<input type="checkbox"/> Unimportant	<input type="checkbox"/> Important	<input type="checkbox"/> Very Important
6.	Call, write, or see each other often	<input type="checkbox"/> Not at all important	<input type="checkbox"/> Unimportant	<input type="checkbox"/> Important	<input type="checkbox"/> Very Important

Ethnic Identity

Please read the following statements. Think about how much you agree or disagree with each one and select the box that best matches your answer.

1.	Black people make America strong	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly agree
2.	The people I respect most in life are Black.	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly agree
3.	Being Black is an important part of who I am.	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly agree
4.	I feel a strong connection to other Black people.	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly agree
5.	Racial pride is important for developing strong Black families.	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly agree
6.	I think everybody should be taught about how Black people helped to build America.	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly agree
7.	Black people should keep up with issues that are important to the Black community.	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly agree
8.	My family's needs are more important to me than my own needs.	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly agree
9.	Black people should make their community better than it was when they found it.	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly agree
10.	The problems of other Blacks are their problems, not mine.	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly agree
11.	The unity of the African race is very important to me.	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly agree
12.	I am more concerned with reaching my own goals than with working for the Black community.	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly agree
13.	I have very little faith in Black people.	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly agree
14.	I owe something to Black people who suffered before me.	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly agree

15.	Black people need to stop worrying so much about "the community" and take care of their own needs.	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly agree
16.	I am doing a lot to improve my neighborhood	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly agree
17.	The success I have had is mainly because of me, not anyone else.	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly agree
18.	I have more confidence in White professionals, like doctors and teachers, than in Black professionals.	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly agree